

WEST VIRGINIA LEGISLATURE

2019 REGULAR SESSION

Committee Substitute

for

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for

Senate Bill 310

SENATORS STOLLINGS, JEFFRIES, BEACH, TAKUBO, AND

PREZIOSO, *original sponsors*

[Originating in the Committee on Finance; Reported

on February 15, 2019]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section,
2 designated §33-6-39, relating to defining certain key terms; prohibiting insurers from
3 requiring dentists to provide a discount on noncovered services; prohibiting dentists from
4 charging covered persons more for noncovered services than his or her customary or
5 usual rate for the services; providing that insurers may not provide for a nominal
6 reimbursement for a service in order to claim that the service or material is covered; and
7 providing for an effective date.

Be it enacted by the Legislature of West Virginia:

ARTICLE 6. THE INSURANCE POLICY.

§33-6-39. Prohibitions related to dental insurance plans, agreements, charges, and reimbursements; definitions.

1 (a) For purposes of this section:

2 “Covered services” means dental care services for which reimbursement is available under
3 an enrollee’s plan contract, or for which reimbursement would be available but for the application
4 of contractual limitations such as deductibles, copayments, coinsurance, waiting periods, annual
5 or lifetime maximum, frequency limitations, alternative benefit payments, or any other limitation.

6 “Contractual discount” means a percentage reduction from the provider’s usual and
7 customary rate for covered dental services and materials required under a participating provider
8 agreement.

9 “Dental plan” includes any policy of insurance which is issued by a health care service
10 contractor which provides for coverage of dental services not in connection with a medical plan.

11 “Materials” includes, but is not limited to, any material or device utilized within the scope
12 of practice by a licensed dentist.

13 (b) No contract of any health care service contractor that covers any dental services, and
14 no contract or participating provider agreement with a dentist may require, directly or indirectly,
15 that a dentist who is a participating provider, provide services to an enrolled participant at a fee

16 set by, or a fee subject to the approval of, the health care services contractor unless the dental
17 services are covered services.

18 (c) A health care service contractor or other person providing third-party administrator
19 services shall not make available any providers in its dental network to a plan that sets dental
20 fees for any services except covered services.

21 (d) A dentist may not charge more for services and materials that are noncovered services
22 under a dental benefits policy than his or her usual and customary fee for those services and
23 materials.

24 (e) Reimbursement paid by a dental plan for covered services and materials shall be
25 reasonable and may not provide nominal reimbursement in order to claim that services and
26 materials are covered services.

27 (f) This section applies to dental plans, contracts, and participating provider agreements
28 which take effect or are renewed on or after July 1, 2019.

NOTE: The purpose of this bill is to establish certain requirements for dental insurance.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.